

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | | FILING DATE | |
|--|----------|------|------------------------|------|------------------------|------|--------------|------|-------------|---|
| | | | | | | | APPLICANT(S) | | 6 - 2 - 95 | |
| CLAIMS | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | |
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SYMBOLS

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| - | Reje |
| - | Allc |
| - (Through numbers) Can | Res |
| + | Non |
| H | Inve |
| I | App |
| A | Obj |
| O | |